State of California—Health and Welfare Agency

CMEBA TOXIC SUBSTANCES CONTROL DIVISION Department of Health Services UNIFORM HAZARDOUS WASTE MANIFEST 714-744 P Street Sacramento, CA 95814 FCBM NG DHS-8022A 3-84 Please print or type with ELITE type 12 characters per inchi 83605443 STATE ID NUMBER GENERATOR NAME AND MAILING ADDRESS Oil & Solvent Process Company MAN FEST DOCUMENT NUMBER 1704 W. First Street EPA ID NUMBER Azusa, CA 91702 AREA CODE PHONE NUMBER (818) 334-5117 C| A| D| Q 0 8| 3| 0| 2| 9| 0| 3 TRANSPORTER NO 1 NAME AND MAILING ADDRESS Oil & Solvent Process Company VEH CONTAINER NO EPA ID NUMBER 1704 W. First Street Azusa, CA 91702 1 1513111515 CIAIDIOIO18131012191013 TRANSPORTER NO 2 ALTERNATE TSD FACILITY EPA ID NUMBER AREA CODE/PHONE NUMBER TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY Omega Chemical Company EPA ID NUMBER 12504 E. Whittier Blvd. BY GENERATOR Whittier, CA 90602 AREA CODE PHONE NUMBER (213) 698-0991 Ci Al DI 01 42 1214151 01011 PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS UN NA TOTAL UNIT CONTAINER WASTE DISP NUMBER QUANTITY z WT VOL TYPE CAT NO METH NO Hazardous Waste Liquid N.O.S. ORM-E N A 9 1 8 9 1215617 G 1510 DIM 21111 COMPONENTS CONC RANGE UNITS UPPER LOWER % PPM Trichlorotriflouorethane 96 92 Χ Methanol/Ethanol 3 1 Χ Oil/Water/Dirt Ŀ 2 Χ SPECIAL HANDLING INSTRUCTIONS Gloves & Goggles This is to certify that the above-named wastes are properly classified described packaged, marked and labeled and are in proper condition for transportation according to the applicable require pents of the Department of Transportation and the EPA - NO DAY Roy Cammack YR Printed or typed full name and signature ☐ Check if continuation sheet is used Number of pontinuation sheets 111 TRANSPORTER 1 ADNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO DAY YR REC'D Printed or typed full name and signature DAVIDH. SAUCEDO TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES 84 ACCEPTED 210 DATE MO DAY YR 유 REC'D Printed or typed full name and signature 8 ACCEPTED DISCREPANCY INDICATION SPACE Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF DATE RECEIVED & ACCEPTED must complete waste number Sea instructions. EPA ID NUMBER MO DAY

FILLED TSDF 8€

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS